

Event Organizer Application Form

(Special Events, Farmers Market)

This application must be submitted at least 30 days prior to any event. Complete and sign form. Fax the completed form to Simcoe Muskoka District Health Unit at 705-721-1495. If you require assistance, please call *Health Connection* at 705-721-7520 (1-877-721-7520) ext. 8811.

EVENT INFORMATION

Name of Event:

Expected Number of Vendors:

Date of Event: From: DD / MM / YYYY To: DD / MM / YYYY

Expected Number of Attendees:

EVENT ORGANIZER INFORMATION

Name of Sponsoring Group or Agency:

Contact Person & Mailing Address:

Phone:

Mobile:

Email:

EVENT DESCRIPTION

Event Location / Address:

Hours of Operation:

Venue Type Public Park Street Festival Other, specify:

Diagram of Event Layout Provided Yes No

SANITARY FACILITY

Contact Municipality (City/Town) _____ Private

Number of Portable Toilets:

Number of Permanent Toilets:

Number of Portable Hand Wash Basins:

Number of Permanent Hand Wash Basins:

WATER SUPPLY

Potable water supplied to vendors Yes (if yes, complete next question on water source) No

Water Source:

Municipality (City/Town) _____ Well Address _____

Hauled Municipal Name and Phone _____

Bottled Water Yes No

Water Lines - Food-grade material Yes No If yes, length in feet/meters: _____

Backflow devices provided Yes No

Ice supplied to vendors Yes No If yes, source of water used to make ice: _____

HYDRO

Power Supply:

- Municipality (*City/Town*) _____ Generator
 Premises Name _____ N/A

- Electricity available to vendors Yes No Refrigerated truck Yes No
 Backup power available Yes No Power cords Yes No

WASTE WATER & GARBAGE DISPOSAL

Method of Waste Water Disposal:

- Holding tank Other, specify _____
 Waste water containers None available, please explain _____

Person responsible for waste water disposal _____

Garbage Disposal:

Garbage will be disposed of Daily Other, please explain: _____

Personal responsible for garbage disposal _____ Phone: _____

SERVICES

- Will there be selling or serving of alcohol? Yes No
 Will there be any personal services such as tattooing or body piercing? Yes No
 Will there be a petting zoo (i.e., any event where public contact with animals is allowed and/or encouraged, such as a petting corral or open farm)? Yes No

SMOKE-FREE ONTARIO ACT COMPLIANCE

Patio's

Smoking is prohibited on patios where food and drink is served including outdoor areas operated in conjunction with food and beverage sales where seating and / or tables are provided for patrons to consume their meal or beverage.

Number of patio areas:	Number of Smoke-Free Ontario signs needed (min. 2 per patio area):
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Tobacco Sales and Promotion

Cigarettes and other tobacco products cannot be sold without regulatory compliance with the Smoke-Free Ontario Act (SFOA) and the Tobacco Tax Act (TTA).

Vendors selling tobacco: Yes No

*It is against the law to promote or display tobacco brands and tobacco products in Ontario in most circumstances.

Smoke-Free Signage for Buildings, Tents, Portable Toilets and Work Vehicles

All work places (including work vehicles) and public places are required to have provincial smoke-free signs posted at entrances, exits and washrooms.

Number of buildings, tents, portable toilets and work vehicles:	Number of Smoke-Free Ontario signs needed:
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SITE PLAN FOR EVENT

- | | | | |
|---------------------------------------------|----------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Food Vendors | <input type="checkbox"/> Washroom Facilities | <input type="checkbox"/> Public hand wash stations | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Electrical sources | <input type="checkbox"/> Water sources | <input type="checkbox"/> Waste water disposal | <input type="checkbox"/> Patio |

FOOD VENDOR REGISTRATION LIST (Attach additional pages if needed)

Name of Vendor	Business Name	Phone	E-Mail

FORM COMPLETION (EVENT ORGANIZER)

Name (print):

Date: DD / MM / YYYY

FOR OFFICE USE ONLY

Office:

PHI:

Date: DD / MM / YYYY

Approved Yes No

Event Inspected Yes No

Inspector's Notes: